



Disclosure Authorization Form
United States Congressional Office
11th district – Ohio
Address

Date Stamp
(TAS only)

Have you contacted another elected official regarding this issue? _____

Section I – Taxpayer information

Your name as shown on tax return		Taxpayer Identifying Number (SSN, ITIN, EIN)	
Spouse's name as shown on tax return (if applicable)		Spouse's Taxpayer Identifying Number (SSN, ITIN)	
Your current street address (Number, Street, & Apt. Number)			
City		State	ZIP code
Primary phone number		Secondary phone number	

Section II – Identity of the person to whom disclosure is to be made

Congressional Aide Name	Congressional Aide Phone Number
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Section III-Tax returns(s) information

Tax form number (1040, 941, 720, etc.)	Tax year(s) or period(s)
Please describe the tax issue you are experiencing and any difficulties it may be creating	
Please describe the relief/assistance you are requesting	

Section IV – Privacy Act Release

Under the Authority of the IRC § 6103(c), I, the undersigned, authorize the above named individual or his/her staff to investigate and receive information pertaining to the matter described above.

Taxpayer Signature

Date